

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
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17	1					
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49						
50						
TOTAL IND.	0					
TOTAL DEP.	19	←	→	←	→	←
TOTAL CLAIMS	23	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.		←	→	←	→	←
TOTAL CLAIMS		████████	████████	████████	████████	████████